

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ACADIA HEALTHCARE COMPANY INC. FEDPAC

ADDRESS (number and street)

6100 Tower Circle Road

Suite 1000

Franklin

TN

37067

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00496919

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☒ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
07 01 2016

through

M M / D D / Y Y Y Y Y Y
09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Turner, Brent, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Turner, Brent, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 19 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		109125.00
(b) Cash on Hand at Beginning of Reporting Period.....	53625.00	
(c) Total Receipts (from Line 19)	114150.00	114150.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	167775.00	223275.00
7. Total Disbursements (from Line 31)	39000.00	94500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	128775.00	128775.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	112850.00	112850.00
(ii) Unitemized	1300.00	1300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	114150.00	114150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	114150.00	114150.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	114150.00	114150.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	114150.00	114150.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	72000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	22500.00	22500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	39000.00	94500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39000.00	94500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	114150.00	114150.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	114150.00	114150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Abromovich, Sari, L., ,

Mailing Address 13118 Nadine

City
Huntington Woods

State
MI

Zip Code
48070

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harbor Oaks Hospital

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2016

Transaction ID : SA11AI.4863

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Anderson, William, D., , Jr.

Mailing Address 11962 N. Plasita Casa De Amor

City
Marana

State
AZ

Zip Code
85658

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
CEO of Sierra Tuscon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2016

Transaction ID : SA11AI.4748

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Avant, Julie, , ,

Mailing Address 6776 Poppleton Road

City
Canton

State
MI

Zip Code
48187

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2016

Transaction ID : SA11AI.4927

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bailey, James, P., ,

Mailing Address 71 Montara Drive

City
Aliso Viejo

State
CA

Zip Code
92656-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SA11AI.4741

Amount of Each Receipt this Period

1500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bishop, Jeffrey, , ,

Mailing Address 117 Riverwood

City
Boerne

State
TX

Zip Code
78006

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
CFO - Recovery Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 13 / 2016

Transaction ID : SA11AI.4726

Amount of Each Receipt this Period

1500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bissell, Elliston, Perot, , IV

Mailing Address 14 Nawthorne Road

City
Old Greenwich

State
CT

Zip Code
06870-2116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bissell Capital, LLC

Occupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.4928

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Blackwell, Kimberlee, L., ,

Mailing Address 527 S. Main Street

City
New Castle

State
IN

Zip Code
47362

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia - StoneCrest

Occupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 07 / 2016

Transaction ID : SA11AI.4805

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bohman, Timothy, C., ,

Mailing Address 860 Stiner Road

City
Sharps Chapel

State
TN

Zip Code
37866

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
09 / 06 / 2016

Transaction ID : SA11AI.4757

Amount of Each Receipt this Period

1500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bolton, Eric, C., ,

Mailing Address 714 Hewitt Street

City
Santa Rosa

State
CA

Zip Code
95401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare, Inc.

Occupation (for Individual)
CEO Duffy's Napa Valley

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 13 / 2016

Transaction ID : SA11AI.4806

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Borengasser, Connie, , ,

Mailing Address 1307 E. Wimbledon Place

City
FayettevilleState
ARZip Code
72703FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare Inc.Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2016

Transaction ID : SA11AI.4809

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brady, Kimberly, L., ,

Mailing Address 2304 Lucerne Lane

City
FranklinState
TNZip Code
37064FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia HealthcareOccupation (for Individual)
VP of Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2016

Transaction ID : SA11AI.4864

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brooks, Charlie, T., ,

Mailing Address 1330 Meadows Drive

City
HammondState
WIZip Code
54015FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Burkwood Treatment CenterOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2016

Transaction ID : SA11AI.4810

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bryan, Andrew, C., ,

Mailing Address 5402 Forest Edge Drive

City
McDonald

State
PA

Zip Code
15057

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Acadia Healthcare

Occupation (for Individual)

VP of Marketing and Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

09 / 08 / 2016

Transaction ID : SA11AI.4813

Amount of Each Receipt this Period

1500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Callahan, Thomas, J., ,

Mailing Address 620 Weldon Street

City
Latrobe

State
PA

Zip Code
15650

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Acadia Healthcare

Occupation (for Individual)

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

08 / 21 / 2016

Transaction ID : SA11AI.4888

Amount of Each Receipt this Period

1500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Campbell, Jason, A., ,

Mailing Address 909 Woodlynne Boulevard

City
Linwood

State
NJ

Zip Code
08221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Acadia Healthcare

Occupation (for Individual)

Vice President, Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

08 / 26 / 2016

Transaction ID : SA11AI.4886

Amount of Each Receipt this Period

1500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Carvalho, Jennifer, , ,

Mailing Address 1041 Downing Avenue

City
Chico

State
CA

Zip Code
95926

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare Skyway House

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2016

Transaction ID : SA11AI.4865

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chun, Mi Rhee, , ,

Mailing Address 1901 Lenomar Court

City

Rochester Hills

State

MI

Zip Code

48309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare/Timberline K

Occupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2016

Transaction ID : SA11AI.4889

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Clark, Richard, W., ,

Mailing Address 1611 Cooper Creek Lane

City

Franklin

State

TN

Zip Code

37064

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia

Occupation (for Individual)
Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2016

Transaction ID : SA11AI.4758

Amount of Each Receipt this Period

2500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 12 OF 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Crawford, Charles, Wes, ,

Mailing Address 1204 Rue Renoir

City
MandevilleState
LAZip Code
70471FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia HealthcareOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2016

Transaction ID : SA11AI.4760

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Davidson, Steve, T., ,

Mailing Address 3537 Crestridge Drive

City
NashvilleState
TNZip Code
37204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia HealthcareOccupation (for Individual)
Chief Development Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2016

Transaction ID : SA11AI.4718

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dempsey, David, P., ,

Mailing Address 135 Postwood Place

City
NashvilleState
TNZip Code
37205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare, Inc.Occupation (for Individual)
CFO-Physician Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SA11AI.4746

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dillon-Page, Tonya, , ,

Mailing Address 7 Sheridan Drive

City
St. Albans

State
WV

Zip Code
25177-2712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2016

Transaction ID : SA11AI.4816

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Drake, Michael, G., ,

Mailing Address 101 Gillespie Drive
#4305

City
Franklin

State
TN

Zip Code
37067-4305

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2016

Transaction ID : SA11AI.4890

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Duckworth, David, , ,

Mailing Address 1076 Stonebridge Park Drive

City
Franklin

State
TN

Zip Code
37069

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2016

Transaction ID : SA11AI.4720

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Duke, Sarah, , ,

Mailing Address 1388 W. Stone Meadow Drive

City

West Jordan

State

UT

Zip Code

84088

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Acadia Healthcare

Occupation (for Individual)

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2016

Transaction ID : SA11AI.4762

Amount of Each Receipt this Period

500.00

☐ Memo Item
 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. El-Yousel, Hassan, K., ,

Mailing Address 12 DeSoto Place

City

Belleair

State

FL

Zip Code

33756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Acadia Healthcare

Occupation (for Individual)

CEO, Carolina House

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2016

Transaction ID : SA11AI.4818

Amount of Each Receipt this Period

500.00

☐ Memo Item
 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Emery, Jeffery, R., ,

Mailing Address 7245 Meadowlark Place

City

Rancho Cucamonga

State

CA

Zip Code

91701-6314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Pacific Grove Hospital

Occupation (for Individual)

CFO

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2016

Transaction ID : SA11AI.4868

Amount of Each Receipt this Period

500.00

☐ Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ferguson, Michael, A., ,

Mailing Address 365 Snowden Street W.

City
Franklin

State
TN

Zip Code
37064

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
Division CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2016

Transaction ID : SA11AI.4747

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fincher, Ron, , ,

Mailing Address 4535 James Jenkins Road

City
Columbia

State
TN

Zip Code
38401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2016

Transaction ID : SA11AI.4721

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fitch, Eric, , ,

Mailing Address 8378 Kayla Rose Circle

City
Ooltewah

State
TN

Zip Code
37363

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Village Behavioral Health

Occupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2016

Transaction ID : SA11AI.4740

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gardner, Debra, C., ,

Mailing Address 5107 Frys Valley Road, SW

City

Port Washington

State

OH

Zip Code

43837

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ten Lakes Center

Occupation (for Individual)

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 16 / 2016

Transaction ID : SA11AI.4820

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gitzen, William, F., ,

Mailing Address 217 Walnut Drive

City

Eighty Four

State

PA

Zip Code

15330

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia (Southwood)

Occupation (for Individual)

CFO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2016

Transaction ID : SA11AI.4891

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Goldberg, Randall, P., ,

Mailing Address 33 High Point Drive

City

Medford

State

NJ

Zip Code

08055

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Acadia Healthcare

Occupation (for Individual)

VP, Business Development

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 25 / 2016

Transaction ID : SA11AI.4892

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Goldstone, Michael, S., , M.D.

Mailing Address W280N3507 Taylors Woods Road NE

City
Pewaukee

State
WI

Zip Code
53072

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

08 / 22 / 2016

Transaction ID : SA11AI.4893

Amount of Each Receipt this Period

1500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gordon, Christopher, , ,

Mailing Address 21 Pickwick Road

City
West Newton

State
MA

Zip Code
02465-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bain Capital, LP

Occupation (for Individual)
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

09 / 07 / 2016

Transaction ID : SA11AI.4764

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Grudinschi, Amy, C. Fritton, ,

Mailing Address 1536 W. Sage Brook Court

City
Tucson

State
AZ

Zip Code
85737

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sierra Tucson

Occupation (for Individual)
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 22 / 2016

Transaction ID : SA11AI.4730

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7000.00

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Guy, David, P., ,

Mailing Address 2632 Clayburne Drive

City
Jonesboro

State
AR

Zip Code
72401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia (Ascent)

Occupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2016

Transaction ID : SA11AI.4766

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Heeter, Eric, D., ,

Mailing Address 5957 Twyckenham Drive

City
Indianapolis

State
IN

Zip Code
46236-6365

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Resolute Treatment Facility

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2016

Transaction ID : SA11AI.4767

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hegwood, Wayne, H., ,

Mailing Address 924 Palos Verdes

City
Leander

State
TX

Zip Code
78641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia

Occupation (for Individual)
Hospital CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : SA11AI.4869

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hood, Ed, , ,

Mailing Address 4512 East Drive

City
BeldenState
MSZip Code
38826FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Acadia Healthcare

Occupation (for Individual)

CEO Millcreek of Pontotoc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.4769

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Howard, Chris, , ,

Mailing Address 1010 Foxwood Drive

City
NashvilleState
TNZip Code
37215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Acadia Healthcare

Occupation (for Individual)

EVP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2016

Transaction ID : SA11AI.4894

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jacobs, Joey, , ,

Mailing Address 9229 Hunterboro Drive

City
BrentwoodState
TNZip Code
37027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Acadia Healthcare

Occupation (for Individual)

Chairman and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2016

Transaction ID : SA11AI.4717

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

11000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jeans, Joseph, C., ,

Mailing Address 12219 Lynwood Drive

City

Ft. Smith

State

AR

Zip Code

72916

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Valley Behavioral Health Syste

Occupation (for Individual)

CFO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2016

Transaction ID : SA11AI.4770

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jividen, Roxanne, , ,

Mailing Address 9706 Whispering Willow Court

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Acadia Healthcare

Occupation (for Individual)

Division President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 14 / 2016

Transaction ID : SA11AI.4722

Amount of Each Receipt this Period

3000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Koch, Alvin, M., ,

Mailing Address 22831 Sagebrush

City

Novi

State

MI

Zip Code

48375

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Acadia Healthcare

Occupation (for Individual)

CFO

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2016

Transaction ID : SA11AI.4930

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Langley, Jason, D., ,

Mailing Address 7780 Braden Road

City
Arlington

State
TN

Zip Code
38002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Delta Medical Center

Occupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2016

Transaction ID : SA11AI.4823

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Laut, William, F., ,

Mailing Address 6325 Minlo Drive

City
Indianapolis

State
IN

Zip Code
46227

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2016

Transaction ID : SA11AI.4825

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lyro, Debra, H., ,

Mailing Address 1025 St. Georges Way

City
Franklin

State
TN

Zip Code
37064

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia

Occupation (for Individual)
CFO-Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2016

Transaction ID : SA11AI.4896

Amount of Each Receipt this Period

2500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Marfisi, Dominic, J.H., ,

Mailing Address 1210 Bluestone Drive

City
Bethlehem

State
PA

Zip Code
18017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : SA11AI.4897

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mason, William, G., , Jr.

Mailing Address 418 Homeville Road

City
Cochranville

State
PA

Zip Code
19330-1708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia (Meadow Wood)

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SA11AI.4732

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mays, Ronald, , ,

Mailing Address 796 Fairmont Drive

City
Tyler

State
TX

Zip Code
75701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
Interim CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2016

Transaction ID : SA11AI.4779

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McCoy, J., Clay, ,

Mailing Address 2307 Shugs Way

City
Maryville

State
TN

Zip Code
37801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Village Behavioral Health

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2016

Transaction ID : SA11AI.4775

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McHale, Caroline, , ,

Mailing Address 2171 Kehrs Ridge Drive

City
Chesterfield

State
OH

Zip Code
63005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
McCallum Place

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2016

Transaction ID : SA11AI.4777

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mendoza, Loni, , ,

Mailing Address 815 Neal Dow Avenue

City
Chico

State
CA

Zip Code
95926

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Skyway House, LLC

Occupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2016

Transaction ID : SA11AI.4873

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Miller, Jennifer, L., ,

Mailing Address 1007 Waimea Court

City

Round Rock

State

TX

Zip Code

78681-2434

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Acadia Healthcare

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.4826

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mokdessi, Margot, J., ,

Mailing Address 11 Alton Street

City

Arlington

State

MA

Zip Code

02474-5217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Acadia Healthcare, Inc.

Occupation (for Individual)

Project CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2016

Transaction ID : SA11AI.4781

Amount of Each Receipt this Period

300.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Morris, Peter, F., ,

Mailing Address 10 Nutmeg Drive

City

Johnston

State

RI

Zip Code

02919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Acadia Healthcare

Occupation (for Individual)

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2016

Transaction ID : SA11AI.4884

Amount of Each Receipt this Period

1500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mullinix, Lisa, , ,

Mailing Address 18596 Wychwood Place

City
Noblesville

State
IN

Zip Code
46062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Options

Occupation (for Individual)

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2016

Transaction ID : SA11AI.4742

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ohlinger, Edward, V., ,

Mailing Address 18205 Kenwarn Lane

City
Abingdon

State
VA

Zip Code
24210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2016

Transaction ID : SA11AI.4828

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pabis, Tamara, L., ,

Mailing Address 446 Laurel Avenue

City
Half Moon Bay

State
CA

Zip Code
94019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)

Regional CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SA11AI.4731

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Parsons, William, A., Jr.

Mailing Address 1564 Fawn Creek Road

City
Brentwood

State
TN

Zip Code
37027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
CEO/Timerline Knolls

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2016

Transaction ID : SA11AI.4739

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Peloquin, John, , ,

Mailing Address 6105 Pasatiempo Avenue

City
San Diego

State
CA

Zip Code
92120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2016

Transaction ID : SA11AI.4724

Amount of Each Receipt this Period

2500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pennington, Donnie, R., ,

Mailing Address 800 Woodland Street
#304

City
Nashville

State
TN

Zip Code
37206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
Division CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2016

Transaction ID : SA11AI.4725

Amount of Each Receipt this Period

1500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Piper, Angel, T., ,

Mailing Address 5619 Graystone Drive

City
Fort Smith

State
AR

Zip Code
72916

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare (Valley)

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2016

Transaction ID : SA11AI.4830

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pitts, Robert, , ,

Mailing Address 5008 Crown Point Lane

City
Wilmington

State
NC

Zip Code
28409

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2016

Transaction ID : SA11AI.4899

Amount of Each Receipt this Period

1500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Procopio, Joseph, A., ,

Mailing Address 6000 Artessa Circle
#6210

City
Franklin

State
TN

Zip Code
37067

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.4723

Amount of Each Receipt this Period

2500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Quigley, Stephen, J., ,

Mailing Address 312 Buckingham Drive

City
Venetia

State
PA

Zip Code
15367

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2016

Transaction ID : SA11AI.4782

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Regier, Carol, A., ,

Mailing Address 58 Park Lane

City
Canton

State
SD

Zip Code
57013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Keystone

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : SA11AI.4900

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Risius, Erin, N., ,

Mailing Address 2009 Copper Leaf Parkway
302

City
Durham

State
NC

Zip Code
27703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2016

Transaction ID : SA11AI.4832

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Roeske, Michael, , ,

Mailing Address 653 Connie Street

City
Santa Rosa

State
CA

Zip Code
95407

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Azure Acres/Acadia Healthcare

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2016

Transaction ID : SA11AI.4875

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sanderson, Kimberly, G., ,

Mailing Address 16750 Ellendale Road

City
Dallas

State
OR

Zip Code
97338

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2016

Transaction ID : SA11AI.4729

Amount of Each Receipt this Period

1500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Savage, Steven, J., ,

Mailing Address 55208 Corbin Drive

City
Macomb

State
MI

Zip Code
48042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stonecrest Center

Occupation (for Individual)
Facility CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2016

Transaction ID : SA11AI.4877

Amount of Each Receipt this Period

750.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shear, Bruce, A., ,

Mailing Address 300 Admirals Cove Boulevard

City
Jupiter

State
FL

Zip Code
33477

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia

Occupation (for Individual)
Executive Vice Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2016

Transaction ID : SA11AI.4719

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Singleton, Doris, E., ,

Mailing Address 4190 NW Meadow Creek Circle
Apt. 110

City
Fayetteville

State
AR

Zip Code
72703-6371

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Piney Ridge Treatment Center

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.4786

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stalls, Pamela, W., ,

Mailing Address 261 Loder Avenue

City
Wilmington

State
NC

Zip Code
28409

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WTC

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2016

Transaction ID : SA11AI.4834

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

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6250.00

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stept, Margaret, Fonvielle, ,

Mailing Address 107 Belle Meade Boulevard

City

Flowood

State

MS

Zip Code

39232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Acadia/Millcreek

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.4787

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stewart, J., W., ,

Mailing Address 348 Old Magee Road

City

Magee

State

MS

Zip Code

39111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Acadia Healthcare

Occupation (for Individual)

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2016

Transaction ID : SA11AI.4901

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stoudnour, Anita, M., ,

Mailing Address 135 11th Street

City

Saxton

State

PA

Zip Code

16678-3686

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

WDR/CFBHS/Williamsburg

Occupation (for Individual)

Assistant Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2016

Transaction ID : SA11AI.4882

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 40

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sullivan, Dan, , ,

Mailing Address 3905 Bolt Boulevard

City
JonesboroState
ARZip Code
72401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ascent Children's Health ServiOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

Transaction ID : SA11AI.4887

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Warburton, John, B., ,

Mailing Address 3402 Oxford Lane

City
Wichita FallsState
TXZip Code
76310FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia/Red River HospitalOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2016

Transaction ID : SA11AI.4788

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. West, Melissa, L., ,

Mailing Address 1781 FM 580

City
Copperas CoveState
TXZip Code
76522FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cedar Crest HospitalOccupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

Transaction ID : SA11AI.4790

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution
SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Willingham, Dwight, W., ,

Mailing Address 2227 Chickering Lane

City
Nashville

State
TN

Zip Code
37215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2016

Transaction ID : SA11AI.4881

Amount of Each Receipt this Period

2500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Winbery, Ben, , ,

Mailing Address 3732 N. Dupont Avenue

City
Fayetteville

State
AR

Zip Code
72704

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.4835

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Woods, Jeffrey, D., ,

Mailing Address 733 Alameda Avenue

City
Nolensville

State
TN

Zip Code
37135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TrustPoint Hospital

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2016

Transaction ID : SA11AI.4792

Amount of Each Receipt this Period

1500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zagerman, Robert, A., ,

Mailing Address 411 Stafford Close

City
Franklin

State
TN

Zip Code
37069

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
Division CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2016

Transaction ID : SA11AI.4727

Amount of Each Receipt this Period

1500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zimblar, Sharon, , ,

Mailing Address 2613 La Golondrina Street

City
Carlsbad

State
CA

Zip Code
92009-4323

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montecatini

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2016

Transaction ID : SA11AI.4836

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zuccaro, Kathleen, M., ,

Mailing Address P.O. Box 4078

City
Brentwood

State
TN

Zip Code
37024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Healthcare

Occupation (for Individual)
Vice President - Treasury

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2016

Transaction ID : SA11AI.4794

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zyak, Jenny, L., ,

Mailing Address 265 Granger View Circle

City
Franklin

State
TN

Zip Code
37064

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadia Health Care

Occupation (for Individual)
National Director, ASC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2016

Transaction ID : SA11AI.4736

Amount of Each Receipt this Period

300.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

112850.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name (Last, First, Middle Initial)

A. BILLY LONG FOR CONGRESS

Mailing Address 3246 E RIDGEVIEW ST

City
SPRINGFIELDState
MOZip Code
65804Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

LONG, BILLY MR., , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MO

District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2016

FEC Identification Number

C C00460063**Transaction ID : SB23.4716**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.

Mailing Address P.O. BOX 11091

City
CHATTANOOGAState
TNZip Code
37401Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

FLEISCHMANN, CHARLES J, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: TN

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

FEC Identification Number

C C00461822**Transaction ID : SB23.4880**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COME BACK POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City
SPRINGFIELDState
VAZip Code
22152Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

COME BACK POLITICAL ACTION COMMITTEE

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2016

FEC Identification Number

C C00400457**Transaction ID : SB23.4878**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF KELLY AYOTTE INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Mailing Address PO BOX 937

City
MANCHESTERState
NHZip Code
03105Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

AYOTTE, KELLY A, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 00

FEC Identification Number

C C00464297**Transaction ID : SB23.4840**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KELSEY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

Mailing Address 110 E. MULBERRY STREET
SUITE 200City
COLLIERVILLEState
TNZip Code
38017Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

KELSEY, BRIAN, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 08

FEC Identification Number

C C00607937**Transaction ID : SB23.4705**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MARCO RUBIO FOR SENATE 2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Mailing Address PO BOX 661537

City
MIAMIState
FLZip Code
33266Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

RUBIO, MARCO, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: FL

District: 00

FEC Identification Number

C C00620518**Transaction ID : SB23.4862**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name (Last, First, Middle Initial)

A. MCCARTHY VICTORY FUND

Mailing Address PO BOX 30844

City
BETHESDAState
MDZip Code
20824Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

MCCARTHY VICTORY FUND

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 23

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

C C00541011**Transaction ID : SB23.4750**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TENNESSEE REPUBLICAN PARTY FEDERAL ELECTION ACCOUNTMailing Address 2424 21ST AVENUE
SUITE 200City
NASHVILLEState
TNZip Code
37212Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

TENNESSEE REPUBLICAN PARTY FEDERAL ELECTION ACCOUNT

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	6		

FEC Identification Number

C C00040220**Transaction ID : SB23.4850**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)

Mailing Address 228 S WASHINGTON STREET SUITE 115

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

C C00388421**Transaction ID : SB23.4749**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

9000.00

TOTAL This Period (last page this line number only)..... ►

16500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name (Last, First, Middle Initial)

A. Acadia Healthcare Company, Inc. FEDPAC - State AccountMailing Address 6100 Tower Circle
Suite 1000City
FranklinState
TNZip Code
37067-1509Purpose of Disbursement
Transfer from Federal PAC Account to State PAC Account

008

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB29.4903

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Doug DuceyMailing Address 6635 W. Happy Valley Road
Suite a104 #198City
GlendaleState
AZZip Code
85310Purpose of Disbursement
Non-Federal Campaign Committee

011

Category/
Type

Candidate Name

Ducey, Doug, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB29.4797

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Philip Gunn Campaign

Mailing Address P.O. Box 1018

City
JacksonState
MSZip Code
39215Purpose of Disbursement
Non-Federal Campaign Committee

011

Category/
Type

Candidate Name

Gunn, Philip, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: MS

District: 56

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB29.4707

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

21500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name (Last, First, Middle Initial)

A. Tax Payers for Nygren

Mailing Address P.O. Box 552

City
MarinetteState
WIZip Code
54143Purpose of Disbursement
Non-Federal Campaign Committee

Candidate Name

John Nygren

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: WI

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2016

FEC Identification Number

C**Transaction ID : SB29.4753**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

22500.00